

ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2007
OF THE CONDITION AND AFFAIRS OF THE
MEMPHIS MANAGED CARE CORPORATION

NAIC Group Code 0000 , 2006 NAIC Company Code 00000 Employer's ID Number 621539163
(Current Period) (Prior Period)

Organized under the Laws of TENNESSEE , State of Domicile or Port of Entry Tennessee

Country of Domicile US

Licensed as business type:
Life Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes (X) No ()

Incorporated/Organized July 7, 1993 Commenced Business January 1, 1994

Statutory Home Office 1407 UNION AVE, SUITE 200, MEMPHIS, Tennessee 38104
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1407 UNION AVE, SUITE 200, MEMPHIS, Tennessee 38104 901-515-3003
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1407 UNION AVE, SUITE 200, MEMPHIS, Tennessee 38104
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1407 UNION AVE, SUITE 200, MEMPHIS, Tennessee 38104
(Street and Number, City or Town, State and Zip Code)
901-515-3003
(Area Code) (Telephone Number)

Internet Website Address www.mmcc-tlc.com

Statutory Statement Contact CHERYLL ANNETTE MILLER 901-515-3022
(Name) (Area Code) (Telephone Number) (Extension)
CMILLER@MMCC-TLC.COM 901-515-3722
(E-Mail Address) (Fax Number)

OFFICERS

STEVEN BURKETT (PRESIDENT & CEO)
JEFF BRANDON (SECRETARY)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

PEGGY ALLEN#
JEFF BRANDON
BURKETT STEVEN
BRENDA JETER
VERONICA T. MALLETT, MD
STUART POLLY, MD
SYLVESTER REEDER#
AL KING

State of Tennessee }
County of SHELBY } SS

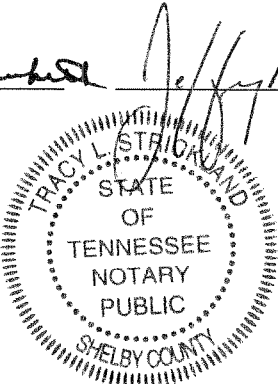
The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

STEVEN BURKETT
PRESIDENT & CEO

JEFF BRANDON
SECRETARY

Subscribed and sworn to before me this
3 day of March, 2008

Tracy L. Strickland



a. Is this an original filing? Yes () No (X)
b. If no: 1. State the amendment number 1
2. Date filed March 3, 2008
3. Number of pages attached 1

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims -

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior					
2. 2003	XXX				
3. 2004	XXX	XXX			
4. 2005	XXX	XXX	XXX		
5. 2006	XXX	XXX	XXX	XXX	
6. 2007					

Section B - Incurred Health Claims -

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2003	2 2004	3 2005	4 2006	5 2007
1. Prior					
2. 2003	XXX				
3. 2004	XXX	XXX			
4. 2005	XXX	XXX	XXX		
5. 2006	XXX	XXX	XXX	XXX	
6. 2007					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio -

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Columns 2 + 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Columns 5 + 7 + 8)	10 (Column 9 divided by Column 1) Percent
1. 2003										
2. 2004										
3. 2005										
4. 2006										
5. 2007										

NONE